

Form 990

Department of the Treasury

Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

A For the 2008 calendar year, or tax year beginning 01-01-2008 and ending 12-31-2008

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Termination

☐ Amended return

☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization

HARPER-HUTZEL HOSPITAL

Doing Business As

Number and street (or P O box if mail is not delivered to street address)

Room/suite

3990 JOHN R

City or town, state or country, and ZIP + 4

DETROIT, MI 48201

D Employer identification number

38-2391907

E Telephone number

(313) 578-2115

G Gross receipts \$ 607,011,043

F Name and address of Principal Officer

THOMAS A MALONE MD PRESIDENT

3990 JOHN R

DETROIT, MI 48201

H(a) Is this a group return for affiliates?

☐ Yes ☒ No

H(b) Are all affiliates included?

☐ Yes ☐ No

(If "No," attach a list See instructions )

H(c) Group Exemption Number ▶

I Tax-exempt status ☒ 501(c) ( 3 ) ◀(insert no ) ☐ 4947(a)(1) or ☐ 527

J Web site: ▶ WWW.HARPERHOSPITAL.ORG/WWW.HUTZEL.ORG

K Type of organization ☒ Corporation ☐ trust ☐ association ☐ other ▶

L Year of Formation 1982

M State of legal domicile MI

Part I Summary

1 Briefly describe the organization's mission or most significant activities

See Additional Data Table

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its assets

3 Number of voting members of the governing body (Part VI, line 1a) . . . . .

3 18

4 Number of independent voting members of the governing body (Part VI, line 1b) . . . . .

4 12

5 Total number of employees (Part V, line 2a) . . . . .

5 3,654

6 Total number of volunteers (estimate if necessary) . . . . .

6 216

7a Total gross unrelated business revenue from Part VIII, line 12, column (C) . . . . .

7a -24,010

7b Net unrelated business taxable income from Form 990-T, line 34 . . . . .

7b -24,010

Revenue

8 Contributions and grants (Part VIII, line 1h) . . . . .

3,819,850

3,013,926

9 Program service revenue (Part VIII, line 2g) . . . . .

545,451,869

575,021,584

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . . .

11,874,163

-1,525,256

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)

1,093,421

-8,217

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)

562,239,303

576,502,037

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)

0

14 Benefits paid to or for members (Part IX, column (A), line 4)

0

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)

196,282,995

205,737,796

16a Professional fundraising fees (Part IX, column (A), line 11e)

0

b (Total fundraising expenses, Part IX, column (D), line 25 1,571,891 )

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)

366,282,804

381,870,610

18 Total expenses—add lines 13–17 (must equal Part IX, line 25, column (A))

562,565,799

587,608,406

19 Revenue less expenses Subtract line 18 from line 12

-326,496

-11,106,369

Net Assets or Fund Balances

20 Total assets (Part X, line 16)

236,960,916

203,637,921

21 Total liabilities (Part X, line 26)

579,946,442

584,091,639

22 Net assets or fund balances Subtract line 21 from line 20

-342,985,526

-380,453,718

Part II Signature Block

Please Sign Here

Under penalties of perjury, I declare that I have examined this return, including a and belief, it is true, correct, and complete. Declaration of preparer (other than of

Signature of officer

TINA WOOD VICE PRESIDENT - FINANCE

Type or print name and title

Paid Preparer's Use Only

Preparer's signature

Date

Firm's name (or yours if self-employed), address, and ZIP + 4

May the IRS discuss this return with the preparer shown above? (See instructions)

**Part III Statement of Program Service Accomplishments** (See the instructions.)**1** Briefly describe the organization's mission:

See Additional Data Table

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No  
If "Yes," describe these new services on Schedule O

**3** Did the organization cease conducting or make significant changes in how it conducts any program services? ☐ Yes ☒ No  
If "Yes," describe these changes on Schedule O

**4** Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

**4a** (Code ) (Expenses \$ 87,815,201 including grants of \$ ) (Revenue \$ 79,914,745 )  
INTERNAL MEDICINE (GENERAL)- THE INTERNAL MEDICINE SERVICE PROVIDED CARE FOR 16,246 PATIENTS IN 2008. INTERNAL MEDICINE PROVIDES COMPREHENSIVE INTER-DISCIPLINARY SERVICE THAT FOCUSES ON COORDINATION OF TESTING (INPATIENT VS. OUTPATIENT) AND RAPID DISCHARGE TO MINIMIZE LENGTH OF STAY. MRI AND COLONOSCOPY SCREENING PROCESSES HAVE BEEN IMPLEMENTED TO SUPPORT THESE EFFORTS. ADDITIONALLY, INTERNAL MEDICINE IS RESPONSIBLE FOR ACHIEVING HIGH QUALITY STANDARDS. THE PNEUMONIA INITIATIVE SCREENS PATIENTS FOR IMMUNIZATION, AND THE VENTILATOR ASSOCIATED PNEUMONIA (VAP) QUALITY INITIATIVE FOCUSES EFFORTS IN THE ICU TO ENSURE PATIENTS ARE TAKEN OFF THE VENTILATOR AS SOON AS POSSIBLE. IN 2008, THE HOSPITAL ALSO BEGAN THE PROCESS TO OBTAIN STROKE CERTIFICATION, DEVELOPING STANDARD ORDER SETS AND MONITORING CRITERIA.

**4b** (Code ) (Expenses \$ 60,007,942 including grants of \$ ) (Revenue \$ 56,240,694 )  
CARDIOLOGY - THE ORGANIZATION HAS INVESTED IN AN INNOVATIVE APPROACH TO TREATING CARDIAC CASES WITH A 24 HR ON SITE (NOT ON CALL) PHYSICIAN TEAM, REFERRED TO AS CARDIO TEAM ONE, WHICH HAS REDUCED WAIT TIME FROM DOOR TO BALLOON TO UNDER 45 MINUTES. THIS PROGRAM WAS THE FIRST IN THE COUNTRY AND WILL EVENTUALLY BECOME STANDARD OF CARE AS OTHER HOSPITALS ARE ATTEMPTING TO REPLICATE THIS SERVICE. IN ADDITION TO STATE OF THE ART CARDIAC CATH SERVICES, THE CARDIAC/VASCULAR PROCEDURES AVAILABLE TO PATIENTS INCLUDE CAROTID STENTING, TANDUM HEART AND EP STUDIES.












**4c** (Code ) (Expenses \$ 54,874,691 including grants of \$ ) (Revenue \$ 40,889,484 )  
OB/GYN - HUTZEL WOMEN'S HOSPITAL HAS HAD A LONG HISTORY OF PROVIDING SPECIALIZED CARE TO WOMEN WITH HIGH RISK PREGNANCIES. IT IS THE SITE OF THE PERINATOLOGY RESEARCH BRANCH OF THE NATIONAL INSTITUTE OF HEALTH (NIH) THAT WAS FUNDED TO STUDY MATERNAL FETAL MEDICINE. 67.4% OF THE 45,270 PATIENTS SEEN AT HUTZEL WOMEN'S HOSPITAL IN 2008 WERE UNDERINSURED WITH THE HOSPITAL RECEIVING PAYMENTS FROM THE STATE MEDICAID PROGRAM. STILL, BECAUSE OF THE EXCELLENT CARE AND OUTCOMES, THE NICU IS A DESTINATION FOR REFERRING PHYSICIANS WHO KNOW THEIR PATIENTS WILL HAVE PRE-TERM BABIES. THE TWIN-TO-TWIN-TRANSFER INTR-UTERO TECHNIQUE IS A UNIQUE SERVICE THAT ATTRACTS REFERRALS NATIONWIDE. ADDITIONALLY, MANY GYN SURGERIES ARE PERFORMED AS CHARITY CARE.

(Code ) (Expenses \$ 333,682,427 including grants of \$ ) (Revenue \$ 261,300,936 )  
SURGERY (GENERAL) - 11,987 TOTAL CASES, 5,533 INPATIENT DAYS, 10,724 OUTPATIENT REGISTRATIONS. NEONATOLOGY - 609 TOTAL CASES, 10,942 INPATIENT DAYS, 5 OUTPATIENT REGISTRATIONS. MATERNAL FETAL MEDICINE - 11,915 TOTAL CASES, 7,299 INPATIENT DAYS, 9,734 OUTPATIENT REGISTRATIONS. NEPHROLOGY - 7,603 TOTAL CASES, 4,895 INPATIENT DAYS, 6,666 OUTPATIENT REGISTRATIONS. HARPER-HUTZEL HOSPITAL SPECIALIZES IN TREATING MULTI-SYSTEM FAILURES AS OCCURS WITH PATIENTS HAVING DIABETES, HIGH BLOOD PRESSURE AND OTHER HEART DISEASE. INVESTED IN HIGHER TECH EQUIPMENT TO SUPPORT SLED METHOD, WHICH IS A NEWER TECHNIQUE (SLOWER THAN SCUF), WHICH IS CONSIDERED THE STANDARD FOR WITHDRAWING FLUIDS FROM PATIENTS WHO ARE CRITICAL AND CANNOT TOLERATE NORMAL FLUID WITHDRAWAL THERAPY.

**4d** Other program services (Describe in Schedule O )  
(Expenses \$ 333,682,427 including grants of \$ ) (Revenue \$ 261,300,936 )

**4e** Total program service expenses \$ 536,380,261 *Must equal Part IX, Line 25, column (B).*

**Part IV Checklist of Required Schedules**

		Yes	No
<b>1</b>	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> 	<b>1</b> Yes	
<b>2</b>	Is the organization required to complete Schedule B, Schedule of Contributors? 	<b>2</b> Yes	
<b>3</b>	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	<b>3</b>	No
<b>4</b>	Section 501(c)(3) organizations Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>	<b>4</b>	No
<b>5</b>	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>	<b>5</b>	
<b>6</b>	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> 	<b>6</b>	No
<b>7</b>	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II</i> 	<b>7</b>	No
<b>8</b>	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> 	<b>8</b>	No
<b>9</b>	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> 	<b>9</b>	No
<b>10</b>	Did the organization hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> 	<b>10</b> Yes	
<b>11</b>	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? <i>If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i> 	<b>11</b> Yes	
<b>12</b>	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i> 	<b>12</b>	No
<b>13</b>	Is the organization a school as described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	<b>13</b>	No
<b>14a</b>	Did the organization maintain an office, employees, or agents outside of the U S ?	<b>14a</b>	No
<b>b</b>	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? <i>If "Yes," complete Schedule F, Part I</i>	<b>14b</b>	No
<b>15</b>	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>	<b>15</b>	No
<b>16</b>	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i>	<b>16</b>	No
<b>17</b>	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? <i>If "Yes," complete Schedule G, Part I</i>	<b>17</b>	No
<b>18</b>	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	<b>18</b>	No
<b>19</b>	Did the organization report more than \$15,000 on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	<b>19</b>	No
<b>20</b>	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i> 	<b>20</b> Yes	
<b>21</b>	Did the organization report more than \$5,000 on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	<b>21</b>	No
<b>22</b>	Did the organization report more than \$5,000 on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	<b>22</b>	No
<b>23</b>	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? <i>If "Yes," complete Schedule J</i> 	<b>23</b> Yes	
<b>24a</b>	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to question 25</i>	<b>24a</b>	No
<b>b</b>	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	<b>24b</b>	
<b>c</b>	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	<b>24c</b>	
<b>d</b>	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	<b>24d</b>	
<b>25a</b>	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	<b>25a</b>	No
<b>b</b>	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? <i>If "Yes," complete Schedule L, Part I</i>	<b>25b</b>	No
<b>26</b>	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>	<b>26</b>	No
<b>27</b>	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>	<b>27</b>	No

**Part IV Checklist of Required Schedules (Continued)**

	Yes	No
<b>28</b> During the tax year, did any person who is a current or former officer, director, trustee, or key employee		
<b>a</b> Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV . . . . .		No
<b>b</b> Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV . . . . .		No
<b>c</b> Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV . . . . .		No
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . . . .		No
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M . . . . .		No
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I . . . . .		No
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II . . . . .		No
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I . . . . .		No
<b>34</b> Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 . . . . .	Yes	
<b>35</b> Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . . . .	Yes	
<b>36</b> 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 . . . . .		No
<b>37</b> Did the organization conduct more than 5 percent of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI . . . . .		No

Part V

Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, <i>Annual Summary and Transmittal of U.S. Information Returns</i> . Enter -0- if not applicable . . . . .		
	1a 301		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
	1b 0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	1c Yes	
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return . . . . .		
	2a 3,654		
b	If at least one is reported in 2a, did the organization file all required federal employment tax returns? . . . Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return.	2b Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? . . . . .	3a Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O . . . . .	3b Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .	4a	No
b	If "Yes," enter the name of the foreign country _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, <i>Report of Foreign Bank and Financial Accounts</i> .		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . .	5a	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	No
c	If "Yes," to 5a or 5b, did the organization file Form 8886-T, <i>Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction</i> ? . . . . .	5c	
6a	Did the organization solicit any contributions that were not tax deductible? . . . . .	6a	No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .	6b	
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of \$75 or more? . . . . .	7a	No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .	7b	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .	7c	No
d	If "Yes," indicate the number of Forms 8282 filed during the year . . . . .	7d	
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .	7e	No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . .	7f	No
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? . . .	7g	No
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? . . . . .	7h	No
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? . . . . .	8	No
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966? . . . . .	9a	No
b	Did the organization make a distribution to a donor, donor advisor, or related person? . . . . .	9b	No
10	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on Part VIII, line 12 . . . . .	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter		
a	Gross income from members or shareholders . . . . .	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) . . . . .	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? . . .	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	

**Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)****Section A. Governing Body and Management**

		Yes	No
<i>For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.</i>			
<b>1a</b>	Enter the number of voting members of the governing body . . . . .	<b>1a</b>	18
<b>b</b>	Enter the number of voting members that are independent . . . . .	<b>1b</b>	12
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . .	<b>2</b>	No
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . . . . .	<b>3</b>	Yes
<b>4</b>	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? . . . . .	<b>4</b>	No
<b>5</b>	Did the organization become aware during the year of a material diversion of the organization's assets? . . . . .	<b>5</b>	No
<b>6</b>	Does the organization have members or stockholders? . . . . .	<b>6</b>	Yes
<b>7a</b>	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? . . . . .	<b>7a</b>	Yes
<b>b</b>	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . . . . .	<b>7b</b>	Yes
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
<b>a</b>	the governing body? . . . . .	<b>8a</b>	Yes
<b>b</b>	each committee with authority to act on behalf of the governing body? . . . . .	<b>8b</b>	Yes
<b>9a</b>	Does the organization have local chapters, branches, or affiliates? . . . . .	<b>9a</b>	Yes
<b>b</b>	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? . . . . .	<b>9b</b>	Yes
<b>10</b>	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990 . . . . .	<b>10</b>	Yes
<b>11</b>	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O . . . . .	<b>11</b>	No

**Section B. Policies**

		Yes	No
<b>12a</b>	Does the organization have a written conflict of interest policy? <i>If "No", go to line 13</i> . . . . .	<b>12a</b>	Yes
<b>b</b>	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	<b>12b</b>	Yes
<b>c</b>	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done . . . . .	<b>12c</b>	Yes
<b>13</b>	Does the organization have a written whistleblower policy? . . . . .	<b>13</b>	Yes
<b>14</b>	Does the organization have a written document retention and destruction policy? . . . . .	<b>14</b>	Yes
<b>15</b>	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision		
<b>a</b>	The organization's CEO, Executive Director, or top management official? . . . . .	<b>15a</b>	Yes
<b>b</b>	Other officers or key employees of the organization? . . . . . Describe the process in Schedule O	<b>15b</b>	No
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .	<b>16a</b>	No
<b>b</b>	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? . . . . .	<b>16b</b>	

**Section C. Disclosure**

<b>17</b>	List the States with which a copy of this Form 990 is required to be filed _____
<b>18</b>	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. <input type="checkbox"/> own website <input type="checkbox"/> another's website <input checked="" type="checkbox"/> upon request
<b>19</b>	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table
<b>20</b>	State the name, physical address, and telephone number of the person who possesses the books and records of the organization TINA WOOD 3990 JOHN R DETROIT, MI 48201 (313) 745-9375

## Section A Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

☐ Check this box if the organization did not compensate any officer, director, trustee or key employee

Form 990 (2008)

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)							(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual Trustee or Director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former				
<b>1b Total . . . . .</b>									3,828,554	3,212,514	989,984

		Yes	No
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	3 Yes	
4	For any individual listed online 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	4 Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> . . . . .	5	No

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization		
(A) Name and business address	(B) Description of services	(C) Compensation
ORGAN PROCUREMENT AGENCY OF MICHIGA 3861 RESEARCH PARK DR ANN ARBOR, MI 48108	PATIENT SVCS	1,060,500
MEDICAL STAFFING NETWORK INC PO BOX 840416 DALLAS, TX 752840416	TEMPORARY HELP	965,655
WAYNE STATE UNIVERSITY PO BOX 02788 DETROIT, MI 48202	PHYSICIAN SVCS	849,120
SUPPLEMENTAL NURSING SERVICES INC PO BOX 60479 CHARLOTTE, NC 282600479	TEMPORARY HELP	681,480
BAROS GROUP LLC 1385 E TWELVE MILE RD MADISON HEIGHTS, MI 48071	MANAGEMENT SVCS	629,539
2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization		37



**Part VIII**      **Statement of Revenue**

			(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
<b>Contributions, gifts, grants and other similar amounts</b>	<b>1a</b>	Federated campaigns . . . . . <b>1a</b>				
	<b>b</b>	Membership dues . . . . . <b>1b</b>				
	<b>c</b>	Fundraising events . . . . . <b>1c</b>				
	<b>d</b>	Related organizations . . . . . <b>1d</b> 437,774				
	<b>e</b>	Government grants (contributions) <b>1e</b> 1,185,211				
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above <b>1f</b> 1,390,941				
	<b>g</b>	Noncash contributions included in lines 1a-1f \$ 12,427				
	<b>h</b>	<b>Total (Add lines 1a-1f)</b> . . . . . 3,013,926				
	<b>Program Service Revenue</b>		Business Code			
<b>2a</b>		INPATIENT NSR 358,789,266	358,789,266			
<b>b</b>		OUTPATIENT NSR 119,636,338	119,636,338			
<b>c</b>		PURCHASED SERVICES 75,547,726	75,547,726			
<b>d</b>		PHARMACY SALES REVENUE 12,023,084	12,023,084			
<b>e</b>		PROGRAM RELATED RENTAL REV 7,813,508	7,813,508			
<b>f</b>		All other program service revenue 1,211,662	1,211,662			
<b>g</b>		<b>Total. Add lines 2a-2f</b> . . . . . \$ 575,021,584				
<b>Other Revenue</b>	<b>3</b>	Investment income (including dividends, interest other similar amounts) . . . . . 2,410,637	2,410,637			2,410,637
	<b>4</b>	Income from investment of tax-exempt bond proceeds . . . . . 144,165	144,165			144,165
	<b>5</b>	Royalties . . . . .				
		(i) Real (ii) Personal				
	<b>6a</b>	Gross Rents 14,807				
	<b>b</b>	Less rental expenses 38,817				
	<b>c</b>	Rental income or (loss) -24,010				
	<b>d</b>	Net rental income or (loss) . . . . . -24,010	-24,010		-24,010	
		(i) Securities (ii) Other				
	<b>7a</b>	Gross amount from sales of assets other than inventory 26,367,631 22,500				
	<b>b</b>	Less cost or other basis and sales expenses 30,470,189				
	<b>c</b>	Gain or (loss) -4,102,558 22,500				
	<b>d</b>	Net gain or (loss) . . . . . -4,080,058	-4,080,058		-4,080,058	
	<b>8a</b>	Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18 Attach Schedule G if total exceeds \$15,000 . . . . . <b>a</b>				
	<b>b</b>	Less direct expenses . . . <b>b</b>				
	<b>c</b>	Net income or (loss) from fundraising events . . .				
	<b>9a</b>	Gross income from gaming activities See part IV, line 19 Complete Schedule G if total exceeds \$15,000 . . . . . <b>a</b>				
	<b>b</b>	Less direct expenses . . . <b>b</b>				
	<b>c</b>	Net income or (loss) from gaming activities . . .				
	<b>10a</b>	Gross sales of inventory, less returns and allowances . . . <b>a</b>				
<b>b</b>	Less cost of goods sold . . . <b>b</b>					
<b>c</b>	Net income or (loss) from sales of inventory . . .					
	Miscellaneous Revenue Business Code					
<b>11a</b>	OTHER OPERATING REVENUE 15,793	15,793			15,793	
<b>b</b>						
<b>c</b>						
<b>d</b>	All other revenue					
<b>e</b>	<b>Total. Add lines 11a-11d</b> . . . . . \$ 15,793					
<b>12</b>	<b>Total Revenue.</b> Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e . . . . . 576,502,037	576,502,037	575,021,584	-24,010	-1,509,463	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).					
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21				
2	Grants and other assistance to individuals in the U S See Part IV, line 22				
3	Grants and other assistance to governments, organizations and individuals outside the U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees . . . . .	2,226,467	1,652,899	412,607	160,961
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .				
7	Other salaries and wages	172,996,463	172,852,854		143,609
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . . . .	4,624,492	4,624,492		
9	Other employee benefits . . . . .	14,797,072	14,797,072		
10	Payroll taxes . . . . .	11,093,302	11,093,302		
11	Fees for services (non-employees)				
a	Management . . . . .				
b	Legal . . . . .	27,717	27,717		
c	Accounting . . . . .				
d	Lobbying . . . . .				
e	Professional fundraising See Part IV, line 17 . . . . .				
f	Investment management fees . . . . .				
g	Other . . . . .	61,232,317	61,232,317		
12	Advertising and promotion . . . . .	900,738	900,738		
13	Office expenses . . . . .	1,272,715	1,272,715		
14	Information technology . . . . .	11,764	11,764		
15	Royalties . . . . .				
16	Occupancy . . . . .	15,122,074	15,122,074		
17	Travel . . . . .	370,522	370,522		
18	Payments of travel or entertainment expenses for any Federal, state or local public officials . . . . .				
19	Conferences, conventions and meetings . . . . .	183,600	183,600		
20	Interest . . . . .	25,284,689	25,284,689		
21	Payments to affiliates . . . . .				
22	Depreciation, depletion, and amortization . . . . .	13,709,490	13,709,490		
23	Insurance . . . . .	14,223,663	14,223,663		
24	Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below )				
a	SUPPLIES - MEDICAL	89,555,124	89,555,124		
b	DMC SUPPORT SERVICES	38,105,083		36,837,762	1,267,321
c	BAD DEBT EXPENSE	31,259,874	31,259,874		
d	DMC SUPPORT SVS - MIS	26,971,975	14,566,090	12,405,885	
e	WSU - TEACHING/CLINICAL	21,709,640	21,709,640		
f	All other expenses	41,929,625	41,929,625		
25	Total functional expenses. Add lines 1 through 24f	587,608,406	536,380,261	49,656,254	1,571,891
26	Joint Costs. Check <input type="checkbox"/> if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

**Part X Balance Sheet**

		(A)		(B)
		Beginning of year		End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	34,655	<b>1</b>	27,279
	<b>2</b> Savings and temporary cash investments . . . . .		<b>2</b>	
	<b>3</b> Pledges and grants receivable, net . . . . .	1,386,449	<b>3</b>	1,359,261
	<b>4</b> Accounts receivable, net . . . . .	6,554,768	<b>4</b>	27,794,325
	<b>5</b> Receivables from current and former officers, directors, trustees, key employees or other related parties <i>Complete Part II of Schedule L</i> . . . . .		<b>5</b>	
	<b>6</b> Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) <i>Complete Part II of Schedule L</i> . . . . .		<b>6</b>	
	<b>7</b> Notes and loans receivable, net . . . . .		<b>7</b>	
	<b>8</b> Inventories for sale or use . . . . .	6,734,325	<b>8</b>	7,458,271
	<b>9</b> Prepaid expenses and deferred charges . . . . .	12,658,112	<b>9</b>	1,865,019
	<b>10a</b> Land, buildings, and equipment—cost basis	<b>10a</b> 692,516,657		
	<b>b</b> Less accumulated depreciation <i>Complete Part VI of Schedule D</i> . . . . .	<b>10b</b> 612,410,425	80,642,735	<b>10c</b> 80,106,232
	<b>11</b> Investments—publicly traded securities . . . . .		<b>11</b>	
	<b>12</b> Investments—other securities <i>See Part IV, line 11 Complete Part VII of Schedule D</i> . . . . .		<b>12</b>	
	<b>13</b> Investments—program-related <i>See Part IV, line 11 Complete Part VIII of Schedule D</i> . . . . .		<b>13</b>	
	<b>14</b> Intangible assets . . . . .		<b>14</b>	20,833
<b>15</b> Other assets <i>See Part IV, line 11 Complete Part IX of Schedule D</i> . . . . .	128,949,872	<b>15</b>	85,006,701	
<b>16</b> <b>Total assets.</b> <i>Add lines 1 through 15 (must equal line 34)</i>	236,960,916	<b>16</b>	203,637,921	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	52,276,617	<b>17</b>	49,611,401
	<b>18</b> Grants payable . . . . .		<b>18</b>	
	<b>19</b> Deferred revenue . . . . .		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities . . . . .	159,814,024	<b>20</b>	154,136,864
	<b>21</b> Escrow account liability <i>Complete Part IV of Schedule D</i> . . . . .		<b>21</b>	
	<b>22</b> Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons <i>Complete Part II of Schedule L</i> . . . . .		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	19,182,465	<b>23</b>	15,183,169
	<b>24</b> Unsecured notes and loans payable . . . . .		<b>24</b>	
	<b>25</b> Other liabilities <i>Complete Part X of Schedule D</i> . . . . .	348,673,336	<b>25</b>	365,160,205
	<b>26</b> <b>Total liabilities.</b> <i>Add lines 17 through 25</i> . . . . .	579,946,442	<b>26</b>	584,091,639
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets . . . . .	-377,408,787	<b>27</b>	-406,382,114
	<b>28</b> Temporarily restricted net assets . . . . .	22,691,995	<b>28</b>	14,155,130
	<b>29</b> Permanently restricted net assets . . . . .	11,731,266	<b>29</b>	11,773,266
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>32</b>	
	<b>33</b> Total net assets or fund balances . . . . .	-342,985,526	<b>33</b>	-380,453,718
	<b>34</b> Total liabilities and net assets/fund balances . . . . .	236,960,916	<b>34</b>	203,637,921

**Part XI Financial Statements and Reporting**

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990 <input type="checkbox"/> cash <input checked="" type="checkbox"/> accrual <input type="checkbox"/> other		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant? . . . . .	<b>2a</b>	No
<b>b</b>	Were the organization's financial statements audited by an independent accountant? . . . . .	<b>2b</b>	No
<b>c</b>	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? . . . . .	<b>2c</b>	
<b>3a</b>	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? . . . . .	<b>3a</b>	Yes
<b>b</b>	If "Yes," did the organization undergo the required audit or audits? . . . . .	<b>3b</b>	Yes

SCHEDULE A  
(Form 990 or  
990EZ)

Department of the  
Treasury  
Internal Revenue  
Service

Name of the organization  
HARPER-HUTZEL HOSPITAL

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1)  
nonexempt charitable trusts.  
Attach to Form 990 or Form 990-EZ. See separate instructions.

OMB No 1545-0047

2008

Open to Public  
Inspection

Employer identification number

38-2391907

Part I Reason for Public Charity Status (to be completed by all organizations) (See Instructions)

The organization is not a private foundation because it is (Please check only one organization )

- 1

☐

A church, convention of churches, or association of churches described in **Section 170(b)(1)(A)(i).**
- 2

☐

A school described in **Section 170(b)(1)(A)(ii).** (Attach Schedule E )
- 3

☒

A hospital or a cooperative hospital service organization described in **Section 170(b)(1)(A)(iii).** (Attach Schedule H )
- 4

☐

A medical research organization operated in conjunction with a hospital described in **Section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state \_\_\_\_\_
- 5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **Section 170(b)(1)(A)(iv).** (Complete Part II )
- 6

☐

A federal, state, or local government or governmental unit described in **Section 170(b)(1)(A)(v).**
- 7

☐

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **Section 170(b)(1)(A)(vi)** (Complete Part II )
- 8

☐

A community trust described in **Section 170(b)(1)(A)(vi)** (Complete Part II )
- 9

☐

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **Section 509(a)(2).** (Complete Part III )
- 10

☐

An organization organized and operated exclusively to test for public safety See **Section 509(a)(4).** (See instructions )
- 11

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **Section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h  

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally Integrated

d

☐

Type III - Other
- e

☐

By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f

☐

If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box
- g

☐

Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?  

(i)

a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?

(ii)

a family member of a person described in (i) above?

(iii)

a 35% controlled entity of a person described in (i) or (ii) above?
- h

☐

Provide the following information about the organizations the organization supports

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1 - 9 above or IRC section (See Instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
Total									

**Part II Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**  
(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

**Public Support**

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add line 1 - 3						
<b>5</b> The portion of total contribution by each person (other than a government unit or publicly supported organization) included on line 1 that exceed 2% of the amount shown on line 11, column (f)						
<b>6 Public Support</b> subtract line 5 from line 4						

**Total Support**

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>7</b> Amounts from line 4						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets. (Explain in Part IV.)						
<b>11 Total Support.</b> (Add lines 7 through 10)						
<b>12</b> Gross receipts from related activities, etc. (See instructions.)					<b>12</b>	

**13 First Five Years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** ☐

**Computation of Public Support Percentage**

<b>14</b> Public Support Percentage for 2008 (line 6 column (f) divided by line 11 column (f))	<b>14</b>
<b>15</b> Public Support Percentage for 2007 Schedule A, Part IV-A, line 26f	<b>15</b>

- 16a 33 1/3% Test - 2008.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐
- b 33 1/3% Test - 2007.** If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐
- 17a 10% Facts and Circumstances Test - 2008.** If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization ☐
- b 10% Facts and Circumstances Test - 2007.** If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization ☐
- 18 Private Foundation.** If the organization did not check the box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions ☐


Part III

Support Schedule for Organizations Described in IRC 509(a)(2)  
(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total</b> Add lines 1-5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
<b>c</b> Total of lines 7a and 7b						
<b>8 Public Support</b> (Subtract line 7c from line 6)						

Total Support


Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>13 Total Support</b> (Add lines 9, 10c, 11 and 12)						
<b>14 First Five Years</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and <b>stop here</b> 						


Computation of Public Support Percentage


<b>15</b> Public Support Percentage for 2008 (line 8 column (f) divided by line 13 column (f))	<b>15</b>	
<b>16</b> Public Support Percentage for 2007 Schedule A, Part IV-A, line 27g	<b>16</b>	

Computation of Investment Income Percentage

<b>17</b> Investment Income Percentage for <b>2008</b> (line 10c column (f) divided by line 13 column (f))	<b>17</b>	
<b>18</b> Investment Income Percentage from <b>2007</b> Schedule A, Part IV-A, line 27h	<b>18</b>	

- 19a 33 1/3% Tests - 2008.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization 

**b 33 1/3% Tests - 2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization 

**20 Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions 

**Part IV**

**Supplemental Information.** Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide any other additional information. (see instructions)

Additional Data

Software ID:

Software Version:

EIN: 38-2391907

Name: HARPER-HUTZEL HOSPITAL

Form 990, Part VIII - Statement of Revenue - 2a - 2g Program Service Revenue -

	Business Code	(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
a	INPATIENT NSR	358,789,266	358,789,266		
b	OUTPATIENT NSR	119,636,338	119,636,338		
c	PURCHASED SERVICES	75,547,726	75,547,726		
d	PHARMACY SALES REVENUE	12,023,084	12,023,084		
e	PROGRAM RELATED RENTAL REV	7,813,508	7,813,508		

Form 990, Part I, Line 1 - Briefly describe the Organization's mission or most significant activities:

HARPER/HUTZEL IS COMMITTED TO BEING AMONG THE NATION'S PREMIER HEALTH CARE PROVIDERS EMPHASIZING THE HIGHEST QUALITY SERVICE TO ALL PATIENTS WITHOUT REGARD TO RELIGIOUS, RACIAL, ETHNIC IDENTIFICATION OR ECONOMIC STATUS. AS A MEMBER OF THE DETROIT MEDICAL CENTER AND THROUGH OUR PARTNERSHIP WITH WAYNE STATE UNIVERSITY, THE HOSPITAL WILL PROVIDE LEADERSHIP IN APPLIED RESEARCH AND THE CREATION OF NEW KNOWLEDGE AS WELL AS IN EDUCATING PRACTITIONERS, TEACHERS, AND SCIENTISTS IN THE DEVELOPMENT OF NEW DIAGNOSTIC AND TREATMENT MODALITIES THAT ENHANCE THE QUALITY OF LIFE.



**Form 990, Part III, Line 1 - Briefly describe the organization's mission:**

HARPER/HUTZEL IS COMMITTED TO BEING AMONG THE NATION'S PREMIER HEALTH CARE PROVIDERS EMPHASIZING THE HIGHEST QUALITY SERVICE TO ALL PATIENTS WITHOUT REGARD TO RELIGIOUS, RACIAL, ETHNIC IDENTIFICATION OR ECONOMIC STATUS. AS A MEMBER OF THE DETROIT MEDICAL CENTER AND THROUGH OUR PARTNERSHIP WITH WAYNE STATE UNIVERSITY, THE HOSPITAL WILL PROVIDE LEADERSHIP IN APPLIED RESEARCH AND THE CREATION OF NEW KNOWLEDGE AS WELL AS IN EDUCATING PRACTITIONERS, TEACHERS, AND SCIENTISTS IN THE DEVELOPMENT OF NEW DIAGNOSTIC AND TREATMENT MODALITIES THAT ENHANCE THE QUALITY OF LIFE.

SCHEDULE D  
(Form 990)

Department of the  
Treasury  
Internal Revenue  
Service

Supplemental Financial Statements

▶ Attach to Form 990. To be completed by organizations that  
answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

OMB No 1545-0047

2008

Open to Public  
Inspection

Name of the organization HARPER-HUTZEL HOSPITAL	Employer identification number 38-2391907
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Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate Contributions to (during year)		
3 Aggregate Grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply) <input type="checkbox"/> Preservation of land for public use (e g , recreation or pleasure) <input type="checkbox"/> Preservation of an historically importantly land area <input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of certified historic structure <input type="checkbox"/> Preservation of open space	
2 Complete lines 2a–2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year	
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06	2d
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶	
4 Number of states where property subject to conservation easement is located ▶	
5 Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
6 Staff or volunteer hours devoted to monitoring, inspecting and enforcing easements during the year ▶	
7 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ▶ \$	
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements	

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items	
b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items	
(i) Revenues included in Form 990, Part VIII, line 1	▶ \$
(ii) Assets included in Form 990, Part X	▶ \$
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items	
a Revenues included in Form 990, Part VIII, line 1	▶ \$
b Assets included in Form 990, Part X	▶ \$

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3

Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

a☐ Public exhibition

d☐ Loan or exchange programs

b☐ Scholarly research

e☐ Other

c☐ Preservation for future generations

4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☒ No

Part IV

Trust, Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☒ No

b

If "Yes," explain why in Part XIV and complete the following table

	Amount
1c	Beginning balance
1d	Additions during the year
1e	Distributions during the year
1f	Ending balance

2a

Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes

☒ No

b

If "Yes," explain the arrangement in Part XIV

Part V

Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a)Current Year	(b)Prior Year	(c)Two Years Back	(d)Three Years Back	(e)Four Years Back
1a	Beginning of year balance . . . . .	54,682,545			
b	Contributions . . . . .				
c	Investment earnings or losses . . . . .	-15,643,957			
d	Grants or scholarships . . . . .				
e	Other expenditures for facilities and programs . . . . .	-394,021			
f	Administrative expenses . . . . .				
g	End of year balance . . . . .	38,644,567			

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶ 52 000 %

b

Permanent endowment ▶ 30 000 %

c

Term endowment ▶ 18 000 %

3a

Are there endowment funds not in the possession of the organization that are held and administered for the organization by

	Yes	No
(i) unrelated organizations . . . . .	3a(i)	No
(ii) related organizations . . . . .	3a(ii)	No

b

If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

3b

No

4

Describe in Part XIV the intended uses of the organization's endowment funds

Part VI

Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land . . . . .				
b Buildings . . . . .		253,153,427	211,635,729	41,517,698
c Leasehold improvements . . . . .				
d Equipment . . . . .		14,495,608	7,956,252	6,539,356
e Other . . . . .		424,867,622	392,818,444	32,049,178
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				80,106,232

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives and other financial products		
Closely-held equity interests		
Other		
<b>Total.</b> (Column (b) should equal Form 990, Part X, col (B) line 12 ) ▶		

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
<b>Total.</b> (Column (b) should equal Form 990, Part X, col (B) line 13 )		

(a) Description	(b) Book value
See Additional Data Table	
<b>Total.</b> (Column (b) should equal Form 990, Part X, col.(B) line 15.) . . . . . ▶	85,006,701

(a) Description of Liability	(b) Amount
Federal Income Taxes	
INTERNAL PAYABLE	331,551,268
PROFESSIONAL LIABILITY	12,789,026
DEF COMP /POST RETIREMENT BENEFITS	9,539,634
EST'D THIRD PARTY PAYABLES	4,731,328
ADVANCE FROM 3RD PARTY PAYORS	4,142,427
DUE TO AFFILIATES	2,406,522
<b>Total.</b> (Column (b) should equal Form 990, Part X, col (B) line 25 ) ▶	365,160,205

**Schedule D (Form 990) 2008**

Part XII Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	

Part XIII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Losses reported on Form 990, Part IX, line 25	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part XIV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

Identifier	Return Reference	Explanation
INTENDED USES FOR ENDOWMENT FUNDS	SCHEDULE D, PAGE 2, PART V, LINE 4	THE ENDOWMENTS SUPPORT PATIENTS' WELL-BEING BY PROVIDING OUTREACH SERVICES IN OPHTHALMOLOGY, ONCOLOGY, CARDIOLOGY AND PERINATAL MEDICINE THEY ALSO PROVIDE FOR EQUIPMENT PURCHASES AND COMMUNITY AND HOSPITAL EDUCATION FOR THE NURSES AND OTHER HOSPITAL STAFF MEMBERS ENDOWMENTS ALSO SUPPORT SIX CHAIRS AT WAYNE STATE UNIVERSITY IN SURGERY, ONCOLOGY AND NEUROLOGY



## Additional Data

**Software ID:**  
**Software Version:**  
**EIN:** 38-2391907  
**Name:** HARPER-HUTZEL HOSPITAL

### Form 990, Schedule D, Part IX, - Other Assets

(a) Description	(b) Book value
ENDOWMENT & OTHER BOARD DESGN FUNDS	28,288,838
TEMP RESTRICTED FUNDS	12,795,869
PERM RESTRICTED FUNDS	11,773,266
FUNDS IN TRUST - BOND AGMT	10,784,848
INTERCOMPANY RECEIVABLE	7,659,434
FUNDED DEPRECIATION	5,831,510
DEF DEBT ISSUANCE COSTS	3,021,255
OTHER ASSETS	3,020,025
AWUIL - BOND PAY FUND 1991	1,038,680
AWUIL - BOND PAY FUND 1998	586,459
DEFERRED COMPENSATION	206,517
DUE FROM AFFILIATES	
ESTIMATED 3RD PARTY SETTLEMENTS	
GOODWILL	
OTHER RECEIVABLES	

SCHEDULE H  
(Form 990)

Department of the  
Treasury  
Internal Revenue  
Service

Hospitals

OMB No 1545-0047

2008

Open to Public  
Inspection

► Attach to Form 990. To be completed by organizations that  
answer "Yes" to Form 990, Part IV, line 20.

Name of the organization  
HARPER-HUTZEL HOSPITAL

Employer identification number  
38-2391907

Part I

Charity Care and Certain Other Community Benefits at Cost (Optional for 2008)

	Yes	No
1a Does the organization have a charity care policy? If "No," skip to question 6a . . . . .	1a	
b If "Yes," is it a written policy? . . . . .	1b	
2 If the organization has multiple hospitals, indicate which of the following best describes application of the charity care policy to the various hospitals <div><input type="checkbox"/> Applied uniformly to all hospitals</div> <div><input type="checkbox"/> Applied uniformly to most hospitals</div> <div><input type="checkbox"/> Generally tailored to individual hospitals</div>		
3 Answer the following based on the charity care eligibility criteria that applies to the largest number of the organization's patients  a Does the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing free care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for free care <div><input type="checkbox"/> 100%</div> <div><input type="checkbox"/> 150%</div> <div><input type="checkbox"/> 200%</div> <div><input type="checkbox"/> Other _____%</div> b Does the organization use FPG to determine eligibility for providing discounted care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for discounted care . . . . . <div><input type="checkbox"/> 200%</div> <div><input type="checkbox"/> 250%</div> <div><input type="checkbox"/> 300%</div> <div><input type="checkbox"/> 350%</div> <div><input type="checkbox"/> 400%</div> <div><input type="checkbox"/> Other _____%</div> c If the organization does not use FPG to determine eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care. Include in the description whether the organization uses an asset test or other threshold, regardless of income, to determine eligibility for free or discounted care  4 Does the organization's policy provide free or discounted care to the "medically indigent"? . . . . .	3a	
5a Does the organization budget amounts for free or discounted care provided under its charity care policy? . . . . .	3b	
b If "Yes," did the organization's charity care expenses exceed the budgeted amount? . . . . .	4	
c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care? . . . . .	5a	
6a Does the organization prepare an annual community benefit report? . . . . .	5b	
6b If "Yes," does the organization make it available to the public? . . . . .	5c	
Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.	6a	
	6b	

7

Charity Care and Certain Other Community Benefits at Cost

Charity Care and Means-Tested Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Charity care at cost (from worksheets 1 and 2) . . . . .						
b Unreimbursed Medicaid (from worksheet 3, column a) . . . . .						
c Unreimbursed costs—other means-tested government programs (from worksheet 3, column b) . . . . .						
d Total Charity Care and Means-Tested Programs . . . . .						
Other Benefits						
e Community health improvement services and community benefit operations (from worksheet 4) . . . . .						
f Health professions education (from worksheet 5) . . . . .						
g Subsidized health services (from worksheet 6) . . . . .						
h Research (from worksheet 7) . . . . .						
i Cash and in-kind contributions to community groups (from worksheet 8) . . . . .						
j Total Other Benefits . . . . .						
k Total (line 7d and 7j) . . . . .						



**Part II Community Building Activities** (Complete this table if the organization conducted any community building activities) *(Optional for 2008)*

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
<b>1</b> Physical improvements and housing						
<b>2</b> Economic development						
<b>3</b> Community support						
<b>4</b> Environmental improvements						
<b>5</b> Leadership development and training for community members						
<b>6</b> Coalition building						
<b>7</b> Community health improvement advocacy						
<b>8</b> Workforce development						
<b>9</b> Other						
<b>10 Total</b>						

**Part III Bad Debt, Medicare, & Collection Practices** *(Optional for 2008)***Section A. Bad Debt Expense**

		Yes	No
<b>1</b>	Does the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No 15? . . . . .	<b>1</b>	
<b>2</b>	Enter the amount of the organization's bad debt expense (at cost) . . . . .	<b>2</b>	
<b>3</b>	Enter the estimated amount of the organization's bad debt expense (at cost) attributable to patients eligible under the organization's charity care policy	<b>3</b>	
<b>4</b>	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense. In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, or rationale for including other bad debt amounts in community benefit		

**Section B. Medicare**

<b>5</b>	Enter total revenue received from Medicare (including DSH and IME) . . . . .	<b>5</b>	
<b>6</b>	Enter Medicare allowable costs of care relating to payments on line 5 . . . . .	<b>6</b>	
<b>7</b>	Enter line 5 less line 6—surplus or (shortfall) . . . . .	<b>7</b>	
<b>8</b>	Describe in Part VI the extent to which any shortfall reported on line 7 should be treated as community benefit and the costing methodology or source used to determine the amount reported on line 6 and indicate which of the following methods was used <input type="checkbox"/> Cost accounting system <input type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other		

**Section C. Collection Practices**

<b>9a</b>	Does the organization have a written debt collection policy? . . . . .	<b>9a</b>	
<b>9b</b>	If "Yes," does the organization's collection policy contain provisions on the collection practices to be followed for patients who are known to qualify for charity care or financial assistance? Describe in Part VI . . . . .	<b>9b</b>	

**Part IV Management Companies and Joint Ventures** *(Optional for 2008)*

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
<b>1</b>				
<b>2</b>				
<b>3</b>				
<b>4</b>				
<b>5</b>				
<b>6</b>				
<b>7</b>				
<b>8</b>				
<b>9</b>				
<b>10</b>				
<b>11</b>				
<b>12</b>				
<b>13</b>				
<b>14</b>				

**Part V Facility Information** *(Required for 2008)*

Name and address	Other (Describe)						
	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours
HARPER UNIVERSITY HOSPITAL 3990 JOHN R DETROIT, MI 48201	X	X		X		X	X
HUTZEL WOMEN'S HOSPITAL 3980 JOHN R DETROIT, MI 48201	X	X		X		X	X
DMC SURGERY HOSPITAL 30671 STEPHENSON HIGHWAY MADISON HEIGHTS, MI 48071	X	X		X		X	X

Complete this part to provide the following information

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Schedule J  
(Form 990)

Department of the  
Treasury  
Internal Revenue  
Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest  
Compensated Employees  
▶ Attach to Form 990. To be completed by organizations  
that answered "Yes" to Form 990, Part IV, line 23.

OMB No 1545-0047

2008

Open to Public  
Inspection

Name of the organization  
HARPER-HUTZEL HOSPITAL

Employer identification number  
38-2391907

Part I Questions Regarding Compensation

	Yes	No
<b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items <div><div><input type="checkbox"/> First class or charter travel</div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Tax indemnification and gross-up payments</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Discretionary spending account</div><div><input checked="" type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div>		
<b>b</b> If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain	1b Yes	
<b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2 Yes	
<b>3</b> Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply <div><div><input type="checkbox"/> Compensation committee</div><div><input type="checkbox"/> Written employment contract</div><div><input type="checkbox"/> Independent compensation consultant</div><div><input type="checkbox"/> Compensation survey or study</div><div><input type="checkbox"/> Form 990 of other organizations</div><div><input type="checkbox"/> Approval by the board or compensation committee</div></div>		
<b>4</b> During the year, did any person listed in Form 990, Part VII, Section A, line 1a		
<b>a</b> Receive a severance payment or change of control payment?	4a	No
<b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	No
<b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement?	4c	No
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III		
<b>501(c)(3) and 501(c)(4) organizations only must complete lines 5-8.</b>		
<b>5</b> For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of		
<b>a</b> The organization?	5a	No
<b>b</b> Any related organization?	5b	No
If "Yes," to line 5a or 5b, describe in Part III		
<b>6</b> For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of		
<b>a</b> The organization?	6a	No
<b>b</b> Any related organization?	6b	No
If "Yes," to line 6a or 6b, describe in Part III		
<b>7</b> For persons listed in form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7	No
<b>8</b> Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	No

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations described in the instructions on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

**Note.** The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
See Additional Data Table	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						



Software ID:  
Software Version:  
EIN: 38-2391907  
Name: HARPER-HUTZEL HOSPITAL

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
THEODORE SCHREIBER MD	(i)			43,244			43,244	
	(ii)	325,000		75,000			400,000	
THOMAS A MALONE MD	(i)							
	(ii)	516,453	121,250	14,472	140,450	16,118	808,743	
BROOKS F BOCK MD	(i)							
	(ii)	478,133	97,111	13,020	9,200	16,520	613,984	
KEVIN P SMITH	(i)	153,450	45,088	-563	36,116	20,785	254,876	
	(ii)	36,439		-134			36,305	
TINA WOOD	(i)	47,769		-267	52,988	15,392	115,882	
	(ii)	119,139	39,269	-578			157,830	
MARK M HARRISON	(i)	185,247	46,953	-2,636	29,723	20,513	279,800	
	(ii)							
VALERIE GIBSON	(i)	184,254	46,953	-6,669	30,362	25,352	280,252	
	(ii)							
REGINALD EADIE	(i)	218,683		-1,643	31,712	15,966	264,718	
	(ii)							
LAURA SHEPARD	(i)	184,747		-237	7,390	7,516	199,416	
	(ii)							
STEPHEN LEMOS	(i)	498,846	50,000	95,655	134,200	22,691	801,392	
	(ii)							
JAW CHOWN CHANG	(i)	190,278		332,852			523,130	
	(ii)							
TATYANA TENENBOYM	(i)	156,275		200,434	9,200	16,955	382,864	
	(ii)							
QINGYUN RUAN	(i)	186,393		162,352	1,150		349,895	
	(ii)							
THOMAS JAKUBCZAK	(i)	160,833		162,402	11,500	24,776	359,511	
	(ii)							
IRIS TAYLOR PHD	(i)							
	(ii)	361,669	86,232	15,615	44,727	7,031	515,274	
JEFFREY DAWKINS	(i)							
	(ii)	270,141	64,374	-51	38,022	13,671	386,157	
FRANK IACOBELL	(i)	207,045		8,390			215,435	
	(ii)		48,450				48,450	
DAVID C MANARDO DMC CORPORATE OFFICES	(i)							
	(ii)	189,566	46,062	2,093	56,928	15,757	310,406	
GLORIA WALKER-LARKINS	(i)							
	(ii)	182,667	44,367	20	25,564	16,434	269,052	
ERIC BARRITT	(i)	105,055	38,147	407	41,741	15,892	201,242	
	(ii)	66,822		-87			66,735	
MICHELE A MILLS	(i)	104,934	24,480	-597	10,502	7,140	146,459	
	(ii)							

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
OTHER ADDITIONAL INFORMATION	SCHEDULE J, PART III	SCHEDULE J, PART I, LINE 1A UNDER THE 2008 EXECUTIVE TOTAL COMPENSATION PROGRAM ADMINISTERED BY HARPER-HUTZEL HOSPITAL'S PARENT ORGANIZATION, THE DETROIT MEDICAL CENTER (DMC), ELIGIBLE EXECUTIVES WITH A TITLE OF VP AND ABOVE ARE PROVIDED WITH REIMBURSEMENT OF TAX RETURN PREPARATION FEES. THERE WERE 4 INDIVIDUALS WHO RECEIVED REIMBURSEMENT IN 2008. ALL REIMBURSEMENTS ARE TAXABLE AND SUBJECT TO TAX WITHHOLDING. APPROPRIATE DOCUMENTATION UNDER AN ACCOUNTABLE PLAN TO SUPPORT THE REIMBURSEMENT MUST BE SUBMITTED WITH THE REIMBURSEMENT REQUEST. SCHEDULE J, PART I, LINE 3 THE COMPENSATION OF THE PRESIDENT OF HARPER-HUTZEL HOSPITAL IS DETERMINED BY A RELATED ORGANIZATION, THE DETROIT MEDICAL CENTER (DMC). THE DMC USES THE FOLLOWING PROCEDURES TO ESTABLISH SUCH COMPENSATION: 1. ANNUAL COMPARABILITY STUDIES ARE CONDUCTED BY INTERNAL STAFF IN THE HUMAN RESOURCES DEPARTMENT OF THE DMC. THE COMPENSATION OF THE PRESIDENT IS COMPARED WITH SIMILARLY QUALIFIED PERSONS IN FUNCTIONALLY COMPARABLE POSITIONS AT SIMILARLY SITUATED ORGANIZATIONS. THIS INFORMATION IS SUBMITTED TO THE PRESIDENT/CEO OF THE DMC FOR REVIEW AND APPROVAL. 2. PERIODICALLY, THE COMPENSATION OF HOSPITAL PRESIDENTS IS TAKEN TO THE COMPENSATION COMMITTEE OF THE BOARD OF TRUSTEES OF THE DMC FOR REVIEW AND APPROVAL. THIS WAS LAST DONE IN DECEMBER 2006. DECISIONS OF THE COMPENSATION COMMITTEE ARE RECORDED IN CONTEMPORANEOUS MINUTES. SCHEDULE J, PART II, COLUMN (B)(III), OTHER REPORTABLE COMPENSATION, INCLUDES ALL ITEMS OF INCOME THAT ARE NOT BASE SALARY OR BONUS IN NATURE. THIS INCLUDES, BUT IS NOT LIMITED TO, OVERTIME PAY FOR CRNAs (WHO ARE HOURLY), ADMINISTRATIVE STIPENDS FOR PHYSICIANS, SEVERANCE PAY, CASH AUTO AND CLUB ALLOWANCES FOR OFFICERS AND OTHER EXECUTIVES. THESE AMOUNTS ARE ALSO OFFSET BY SEC 125 CAFETERIA PLAN DEDUCTIONS, WHICH HAVE BEEN DEDUCTED IN DETERMINING AMOUNTS REPORTED IN BOX 5, FORM W-2.

**SCHEDULE O  
(Form 990)**Department of the  
Treasury  
Internal Revenue  
Service**Supplemental Information to Form 990**

OMB No 1545-0047

**2008****Open to Public  
Inspection****▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.****Name of the organization**  
HARPER-HUTZEL HOSPITAL**Employer identification number**

38-2391907

Identifier	Return Reference	Explanation
ORGANIZATION'S MISSION	FORM 990 - ORGANIZATION'S MISSION	MEMBER OF THE DETROIT MEDICAL CENTER AND THROUGH OUR PARTNERSHIP WITH WAYNE STATE UNIVERSITY, THE HOSPITAL WILL PROVIDE LEADERSHIP IN APPLIED RESEARCH AND THE CREATION OF NEW KNOWLEDGE AS WELL AS IN EDUCATING PRACTITIONERS, TEACHERS, AND SCIENTISTS IN THE DEVELOPMENT OF NEW DIAGNOSTIC AND TREATMENT MODALITIES THAT ENHANCE THE QUALITY OF LIFE

Identifier	Return Reference	Explanation
FIRST ACHIEVEMENT DESCRIPTION	FORM 990, PAGE 2, PART III, LINE 4A	ICU TO ENSURE PATIENTS ARE TAKEN OFF THE VENTILATOR AS SOON AS POSSIBLE IN 2008, THE HOSPITAL ALSO BEGAN THE PROCESS TO OBTAIN STROKE CERTIFICATION, DEVELOPING STANDARD ORDER SETS AND MONITORING CRITERIA

Identifier	Return Reference	Explanation
THIRD ACHIEVEMENT DESCRIPTION	FORM 990, PAGE 2, PART III, LINE 4C	PRE-TERM BABIES THE TWIN-TO-TWIN-TRANSFER INTR-UTERO TECHNIQUE IS A UNIQUE SERVICE THAT ATTRACTS REFERRALS NATIONWIDE. ADDITIONALLY, MANY GYN SURGERIES ARE PERFORMED AS CHARITY CARE

Identifier	Return Reference	Explanation
ALL OTHER ACHIEVEMENTS DESCRIPTION	FORM 990, PAGE 2, PART III, LINE 4D	SURGERY (GENERAL) - 11,987 TOTAL CASES, 5,533 INPATIENT DAYS, 10,724 OUTPATIENT REGISTRATIONS NEONATOLOGY - 609 TOTAL CASES, 10,942 INPATIENT DAYS, 5 OUTPATIENT REGISTRATIONS MATERNAL FETAL MEDICINE - 11,915 TOTAL CASES, 7,299 INPATIENT DAYS, 9,734 OUTPATIENT REGISTRATIONS NEPHROLOGY - 7,603 TOTAL CASES, 4,895 INPATIENT DAYS, 6,666 OUTPATIENT REGISTRATIONS HARPER-HUTZEL HOSPITAL SPECIALIZES IN TREATING MULTI-SYSTEM FAILURES AS OCCURS WITH PATIENTS HAVING DIABETES, HIGH BLOOD PRESSURE AND OTHER HEART DISEASE. INVESTED IN HIGHER TECH EQUIPMENT TO SUPPORT SLED METHOD, WHICH IS A NEWER TECHNIQUE (SLOWER THAN SCUF), WHICH IS CONSIDERED THE STANDARD FOR WITHDRAWING FLUIDS FROM PATIENTS WHO ARE CRITICAL AND CANNOT TOLERATE NORMAL FLUID WITHDRAWAL THERAPY

Identifier	Return Reference	Explanation
MANAGEMENT DELEGATED	FORM 990, PAGE 6, PART VI, LINE 3	THE ORGANIZATION HIRED IACOBELL CONSULTING, INC. TO FILL THE PRESIDENT POSITION AT ITS DMC SURGERY HOSPITAL FACILITY

Identifier	Return Reference	Explanation
CLASSES OF MEMBERS OR STOCKHOLDERS	FORM 990, PAGE 6, PART VI, LINE 6	THE ORGANIZATION IS A MEMBERSHIP CORPORATION WHOSE SOLE MEMBER IS THE DETROIT MEDICAL CENTER

Identifier	Return Reference	Explanation
ELECTION OF MEMBERS AND THEIR RIGHTS	FORM 990, PAGE 6, PART VI, LINE 7A	THE ORGANIZATION'S GOVERNING BODY APPOINTMENTS ARE SUBJECT TO APPROVAL BY ITS SOLE MEMBER

Identifier	Return Reference	Explanation
DECISIONS SUBJECT TO APPROVAL OF MEMBERS	FORM 990, PAGE 6, PART VI, LINE 7B	DECISIONS OF THE ORGANIZATION'S GOVERNING BODY ARE SUBJECT TO APPROVAL BY ITS SOLE MEMBER

Identifier	Return Reference	Explanation
POLICIES AND PROCEDURES GOVERNING CHAPTERS	FORM 990, PAGE 6, PART VI, LINE 9B	THE ORGANIZATION'S POLICIES APPLY NOT ONLY TO ITS HEALTHCARE OPERATIONS LOCATED IN THE HOSPITAL FACILITIES BUT ALSO TO ITS HEALTHCARE OPERATIONS LOCATED IN OFFSITE FACILITIES WITHIN THE COMMUNITY SERVED BY THE ORGANIZATION



Identifier	Return Reference	Explanation
ORGANIZATION'S PROCESS USED TO REVIEW FORM 990	FORM 990, PAGE 6, PART VI, LINE 10	THE ORGANIZATIONS' FORM 990 WAS REVIEWED WITH ITS CFO AND ITS BOARD FINANCE COMMITTEE IN ADDITION TO PROVIDING A COPY TO ITS BOARD OF TRUSTEES PRIOR TO FILING WITH THE IRS

Identifier	Return Reference	Explanation
ENFORCEMENT OF CONFLICTS POLICY	FORM 990, PAGE 6, PART VI, LINE 12C	THE ORGANIZATION CONSISTENTLY MONITORS AND ENFORCES COMPLIANCE WITH ITS CONFLICT OF INTEREST POLICY BY DISTRIBUTING AN ANNUAL QUESTIONNAIRE TO TRUSTEES, OFFICERS, AND KEY EMPLOYEES WHICH INCLUDES QUESTIONS RELATED TO EACH POLICY PROVISION RESPONSES ARE THOROUGHLY REVIEWED, AND ANY APPARENT CONFLICTS ARE INVESTIGATED AND APPROPRIATE ACTION IS TAKEN

Identifier	Return Reference	Explanation
COMPENSATION PROCESS FOR TOP OFFICIAL	FORM 990, PAGE 6, PART VI, LINE 15A	HARPER-HUTZEL HOSPITAL USES THE FOLLOWING PROCESS FOR DETERMINING THE COMPENSATION OF ITS PRESIDENT (TOP MANAGEMENT OFFICIAL) 1 ANNUAL COMPARABILITY STUDIES ARE CONDUCTED BY INTERNAL STAFF IN THE HUMAN RESOURCES DEPARTMENT OF THE HOSPITAL'S PARENT COMPANY, THE DETROIT MEDICAL CENTER (DMC) THE COMPENSATION OF THE PRESIDENT IS COMPARED WITH SIMILARLY QUALIFIED PERSONS IN FUNCTIONALLY COMPARABLE POSITIONS AT SIMILARLY SITUATED ORGANIZATIONS THIS INFORMATION IS SUBMITTED TO THE PRESIDENT/CEO OF THE DMC FOR REVIEW AND APPROVAL 2 PERIODICALLY, THE COMPENSATION OF HOSPITAL PRESIDENTS IS TAKEN TO THE COMPENSATION COMMITTEE OF THE BOARD OF TRUSTEES OF THE DMC FOR REVIEW AND APPROVAL THIS WAS LAST DONE IN DECEMBER 2006 DECISIONS OF THE COMPENSATION COMMITTEE ARE RECORDED IN CONTEMPORANEOUS MINUTES

Identifier	Return Reference	Explanation
COMPENSATION PROCESS FOR OFFICERS	FORM 990, PAGE 6, PART VI, LINE 15B	THE COMPENSATION OF OTHER OFFICERS OR KEY EMPLOYEES OF HARPER-HUTZEL HOSPITAL IS DETERMINED AS DESCRIBED ABOVE IN 15A ITEM 1, WITH THE EXCEPTION OF PHYSICIANS PROFESSIONAL SERVICE CONTRACTS FOR PHYSICIANS AT ALL DMC HOSPITALS ARE REVIEWED AND APPROVED BY A DMC PHYSICIAN CONTRACT COMMITTEE COMPRISED OF THE CHIEF OF BUSINESS OPERATIONS, THE CHIEF OPERATING OFFICER, AND THE CHIEF MEDICAL OFFICER OF THE DMC COMPENSATION IS DETERMINED USING THE SULLIVAN COTTER PHYSICIAN COMPENSATION AND PRODUCTIVITY SURVEY REPORT AND THE MGMA PHYSICIAN COMPENSATION AND PRODUCTION SURVEY REPORT, UPDATED ANNUALLY INCENTIVE COMPENSATION IS BASED ON THE PERSONAL PRODUCTIVITY OF THE PHYSICIAN

Identifier	Return Reference	Explanation
ADDITIONAL INFORMATION	SCHEDULE O	FORM 990, ITEM J WEBSITE WWW.DMCSURGERYHOSPITAL.ORG FORM 990, PART V, LINE 8 - SECTION 501(C)(3) AND OTHER SPONSORING ORGANIZATIONS MAINTAINING DONOR ADVISED FUNDS AND SECTION 509(A)(3) SUPPORTING ORGANIZATIONS THE ORGANIZATION DOES NOT MAINTAIN DONOR ADVISED FUNDS FORM 990, PART V, LINES 9A AND 9B - SECTION 501(C)(3) AND OTHER SPONSORING ORGANIZATIONS MAINTAINING DONOR ADVISED FUNDS THE ORGANIZATION DOES NOT MAINTAIN DONOR ADVISED FUNDS FORM 990, PART VI, LINE 19 - ORGANIZATIONS' GOVERNING DOCUMENTS, CONFLICTS OF INTEREST POLICY, AND FINANCIAL STATEMENTS MADE AVAILABLE TO THE PUBLIC THE FILING ORGANIZATION'S ARTICLES OF INCORPORATION ARE AVAILABLE ON THE STATE OF MICHIGAN WEBSITE <a href="http://www.dleg.state.mi.us/bcs_corp/sr_corp.asp">HTTP://WWW.DLEG.STATE.MI.US/BCS_CORP/SR_CORP.ASP</a> BY ENTERING THE ORGANIZATION NAME THE BYLAWS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON REQUEST THE FINANCIAL STATEMENTS ARE INCLUDED IN THE ORGANIZATION'S FORM 990 AND AVAILABLE UPON REQUEST VIA THE IRS PUBLIC INSPECTION PROCESS THE FILING ORGANIZATION PROVIDES MONTHLY INTERNAL UNAUDITED INCOME STATEMENTS AND STATISTICAL INFORMATION DIRECTLY TO CREDITORS INCLUDING RATING AGENCIES, BOND HOLDERS, BROKERS AND INVESTORS IN ADDITION, THESE MONTHLY INTERNAL STATEMENTS AND INFORMATION ARE ALSO PROVIDED TO THE MICHIGAN STATE HOSPITAL FINANCE AUTHORITY (MSHFA) WHO WILL PROVIDE UPON REQUEST FORM 990, PART VII, SECTION A, 1A, (B)- ESTIMATED HOURS WORKED AT RELATED ORGANIZATIONS NAME HOURS SCHREIBER, THEODORE, MD 50 BOCK, BROOKS, MD 2 MALONE, THOMAS A, MD 50 SMITH, KEVIN 50 WOOD, TINA 50 HARRISON, MARK 1 BARRITT, ERIC D 50 DAWKINS, JEFFREY 50 IACOBELL, FRANK 2 MANARDO, DAVID C 50 TAYLOR, IRIS 55 WALKER-LARKINS, GLORIA 50

SCHEDULE R  
(Form 990)

Related Organizations and Unrelated Partnerships

▶ Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37. ▶ See separate instructions.

Department of the Treasury  
Internal Revenue Service

Name of the organization  
HARPER-HUTZEL HOSPITAL

Employer identification number

38-2391907

OMB No 1545-0047  
  
2008  
  
Open to Public Inspection

Part I Identification of Disregarded Entities

(A) Name, address, and EIN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income	(E) End-of-year assets	(F) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501(c)(3))	(F) Direct controlling entity
See Additional Data Table					

Part III Identification of Related Organizations Taxable as a Partnership

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Predominant income(related, unrelated)	(F) Share of total income	(G) Share of end-of-year assets	(H) Disproportionate allocations?		(I) Code V—UBI amount on Box 20 of K-1	(J) General or managing partner?
							Yes	No		
DMC PARTNERSHIP IMAGING LLC 3990 JOHN R DETROIT, MI48201 16-1750127	HOLDING CO	MI	NA N/A					No		No
NOVI REGIONAL IMAGING LLC 3901 BEAUBIEN SUITE 2B105 DETROIT, MI48201 45-0595233	DIAGNOSTIC	MI	NA N/A					No		No
MICHIGAN REGIONAL IMAGING LLC 3990 JOHN R DETROIT, MI48201 56-2517225	MRI SRVCS	MI	NA N/A					No		No
ASC DEVELOPMENT LLC 7330 SHADELAND STATION SUITE 200 INDIANAPOLIS, IN46256 42-1690550	SURGERY	MI	NA N/A					No		No

Part IV Identification of Related Organizations Taxable as a Corporation or Trust

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Type of entity (C corp, S corp, or trust)	(F) Share of total income	(G) Share of end-of-year assets	(H) Percentage ownership
See Additional Data Table							

**Part V Transactions with Related Organizations**

**Note.** Complete line 1 if any entity is listed in Parts II, III or IV

**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV ?

- a** Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties **(iv)** rent from a controlled entity
- b** Gift, grant, or capital contribution to other organization(s)
- c** Gift, grant, or capital contribution from other organization(s)
- d** Loans or loan guarantees to or for other organization(s)
- e** Loans or loan guarantees by other organization(s)
- f** Sale of assets to other organization(s)
- g** Purchase of assets from other organization(s)
- h** Exchange of assets
- i** Lease of facilities, equipment, or other assets to other organization(s)
- j** Lease of facilities, equipment, or other assets from other organization(s)
- k** Performance of services or membership or fundraising solicitations for other organization(s)
- l** Performance of services or membership or fundraising solicitations by other organization(s)
- m** Sharing of facilities, equipment, mailing lists, or other assets
- n** Sharing of paid employees
- o** Reimbursement paid to other organization for expenses
- p** Reimbursement paid by other organization for expenses
- q** Other transfer of cash or property to other organization(s)
- r** Other transfer of cash or property from other organization(s)

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

<b>(A)</b> Name of other organization(s)		<b>(B)</b> Transaction type(a-r)	<b>(C)</b> Amount Involved
<b>(1)</b> See Additional Data Table			
<b>(2)</b>			
<b>(3)</b>			
<b>(4)</b>			
<b>(5)</b>			
<b>(6)</b>			



Software ID:  
Software Version:  
EIN: 38-2391907  
Name: HARPER-HUTZEL HOSPITAL

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(A) Name, address, and EIN of related organization	(B) Primary Activity	(C) Legal Domicile (State or Foreign Country)	(D) Exempt Code section	(E) Public charity status (if 501(c)(3))	(F) Direct Controlling Entity
CHILDREN'S HOSPITAL OF MICHIGAN  3901 BEAUBIEN DETROIT, MI48201 38-1357994	HEALTHCARE	MI	501	3	DMC
DET MED CENTER COOPERATIVE SERVICES  3663 WOODWARD AVENUE SUITE 200 DETROIT, MI48201 23-7083832	BILLING	MI	501	3	DMC
DETROIT MEDICAL CENTER GUILD  3663 WOODWARD AVENUE SUITE 200 DETROIT, MI48201 38-2480730	AUXILIARY	MI	501	11C	DMC
DETROIT METRO CARE  3990 JOHN R DETROIT, MI48201 56-2402607	MCAID HMO	MI	501	11C	DMC
DETROIT RECEIVING HOSPITAL & UHC  4201 ST ANTOINE BOULEVARD DETROIT, MI48201 38-2320476	HEALTHCARE	MI	501	3	DMC
DMC CENTERS INC  41935 WEST TWELVE MILE ROAD NOVI, MI48377 38-3021666	HEALTHCARE	MI	501	11A	DMC
DMC NURSING HOMES INC  3663 WOODWARD AVENUE SUITE 200 DETROIT, MI48201 38-2562709	HEALTHCARE	MI	501	3	DMC
DMC PRIMARY CARE SERVICES II  3663 WOODWARD AVENUE SUITE 200 DETROIT, MI48201 38-2578447	HEALTHCARE	MI	501	11A	DMC
HEALTHSOURCE  3663 WOODWARD AVENUE SUITE 200 DETROIT, MI48201 38-6095454	HEALTHCARE	MI	501	11C	DMC
HURON VALLEY HOSPITAL INC  1 WILLIAM CARLS DRIVE COMMERCE TOWNSHIP, MI48382 38-2155995	HEALTHCARE	MI	501	3	DMC
REHABILITATION INSTITUTE INC  261 MACK BOULEVARD DETROIT, MI48201 38-1417366	HEALTHCARE	MI	501	3	DMC
RHHC INC  3663 WOODWARD AVENUE SUITE 200 DETROIT, MI48201 38-2086422	HEALTHCARE	MI	501	11C	DMC
SINAI HOSPITAL OF GREATER DETROIT  6071 WEST OUTER DRIVE DETROIT, MI48235 38-1416522	HEALTHCARE	MI	501	3	DMC
THE DETROIT MEDICAL CENTER  3663 WOODWARD AVENUE SUITE 200 DETROIT, MI48201 38-2571767	HEALTHCARE	MI	501	11A	DMC

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal Domicile (State or Foreign Country)	(D) Direct Controlling Entity	(E) Type of entity (C corp, S corp, or trust)	(F) Share of total income (\$)	(G) Share of end-of-year assets (\$)	(H) Percentage ownership
CHILDREN'S CHOICE OF MICHIGAN 3990 JOHN R DETROIT, MI48201 38-3318267	COST REIMB	MI	N/A	C CORP			
DMC HEALTH CARE CENTERS INC 3663 WOODWARD AVENUE SUITE 200 DETROIT, MI48201 38-2648666	MED SRVCS	MI	N/A	C CORP			
DMC INSURANCE CO LTD C/O MARSH MGT SRVCS CYMN BOX 1051 GEORGETOWN, CAYMAN ISLANDS, BWI CJ 98-0198240	LIAB INS		N/A	C CORP			
METRO TPA SERVICES INC 3663 WOODWARD AVENUE SUITE 200 DETROIT, MI48201 56-2402607	HEALTHCARE	MI	N/A	C CORP			
MULTI-CARE MEDICAL SERVICES & SUPPL 3663 WOODWARD AVENUE SUITE 200 DETROIT, MI48201 38-2179342	HEALTHCARE	MI	N/A	C CORP			
PHYXX INC 3663 WOODWARD AVENUE SUITE 200 DETROIT, MI48201 38-3559445	HEALTHCARE	MI	N/A	C CORP			
RADIUS HEALTH CARE SYSTEMS INC 3663 WOODWARD AVENUE SUITE 200 DETROIT, MI48201 38-2282743	HEALTHCARE	MI	N/A	C CORP			
RADIUS REAL ESTATE INC 3663 WOODWARD AVENUE SUITE 200 DETROIT, MI48201 38-2646917	HEALTHCARE	MI	N/A	C CORP			
THE MEDICAL PROVIDER ORGANIZATION 3990 JOHN R DETROIT, MI48201 38-2833100	ADMIN SVCS	MI	N/A	C CORP			

Form 990, Schedule R, Part V - Transactions with Related Organizations

(A) Name of other organization	(B) Transaction type(a-r)	(C) Amount Involved (\$)
(1) CHILDREN'S HOSPITAL OF MICHIGAN	I	174,000
(2) CHILDREN'S HOSPITAL OF MICHIGAN	K	1,106,000
(3) CHILDREN'S HOSPITAL OF MICHIGAN	L	539,000
(4) DETROIT MEDICAL CENTER	A	472,000
(5) DETROIT MEDICAL CENTER	I	1,539,000
(6) DETROIT MEDICAL CENTER	L	93,476,000
(7) DETROIT REC HOSP & UNIV HLTH CTR	J	858,000
(8) DETROIT REC HOSP & UNIV HLTH CTR	K	10,561,000
(9) DETROIT REC HOSP & UNIV HLTH CTR	L	16,530,000
(10) MICHIGAN REGIONAL IMAGING LLC	L	494,000
(11) DMC PRIMARY CARE SERVICES II	J	31,000
(12) DMC PRIMARY CARE SERVICES II	K	210,000
(13) DMC PRIMARY CARE SERVICES II	L	558,000
(14) REHABILITATION INSTITUTE INC	K	3,088,000
(15) REHABILITATION INSTITUTE INC	L	1,230,000
(16) SINAI HOSPITAL OF GREATER DETROIT	K	527,000
(17) SINAI HOSPITAL OF GREATER DETROIT	L	15,000